

Product-Plan Data Collection

Company Legal Name:
 HIOS Issuer ID:
 Effective Date of Rate Change(s):

Time Insurance Company
19503
1/1/2016

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	Terminated Product	2016 INDIVIDUAL MEDICAL PLAN						
Product ID:	19503KY002	19503KY020						
Metal:	Catastrophic	Bronze	Silver	Catastrophic	Bronze	Bronze	Silver	
AV Metal Value	0.000	0.600	0.687	0.613	0.619	0.589	0.689	
AV Pricing Value	0.001	0.846	0.998	0.692	0.873	0.831	1.001	
Plan Type:	PPO	PPO	PPO	PPO	PPO	PPO	PPO	
Plan Name	Terminated Non-Single Risk Pool Compliant Plans	Non 1-Ded Bronze 1	Non 1-Ded Silver 1	Non 1-Ded Catastrophic 1	Non 1-Ded Bronze 2	Non 1-Ded Bronze 4	Non 1-Ded Silver 2	
Plan ID (Standard Component ID):	19503KY0020000	19503KY0200001	19503KY0200002	19503KY0200003	19503KY0200004	19503KY0200005	19503KY0200006	
Exchange Plan?	No	No	No	No	No	No	No	
Historical Rate Increase - Calendar Year - 2	0.00%	0.00%						
Historical Rate Increase - Calendar Year - 1	0.00%	0.00%						
Historical Rate Increase - Calendar Year 0	0.00%	16.56%						
Effective Date of Proposed Rates	12/31/2014	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	1/1/2016	
Rate Change % (over prior filing)	0.00%	76.62%	67.65%	80.90%	78.03%	69.50%	53.17%	
Cum'tive Rate Change % (over 12 mos prior)	-999.00%	76.62%	67.65%	80.90%	78.03%	69.50%	53.17%	
Proj'd Per Rate Change % (over Exper. Period)	0.00%	102.89%	90.51%	107.67%	100.61%	91.81%	67.71%	
Product Threshold Rate Increase %	0.00%	65.44%						

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	19503KY0020000	19503KY0200001	19503KY0200002	19503KY0200003	19503KY0200004	19503KY0200005	19503KY0200006
Inpatient	\$14.16	\$0.00	\$44.46	\$49.03	\$37.42	\$46.32	\$41.44	\$42.78
Outpatient	\$28.97	\$0.00	\$90.97	\$100.30	\$76.55	\$94.77	\$84.77	\$87.52
Professional	\$7.97	\$0.00	\$25.01	\$27.58	\$21.05	\$26.06	\$23.31	\$24.07
Prescription Drug	\$6.86	\$0.00	\$21.53	\$23.74	\$18.12	\$22.43	\$20.06	\$20.71
Other	\$0.06	\$0.00	\$0.17	\$0.19	\$0.14	\$0.18	\$0.16	\$0.17
Capitation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	\$13.86	\$0.00	\$43.68	\$48.04	\$36.80	\$45.53	\$40.62	\$41.66
Taxes & Fees	\$4.11	\$0.00	\$13.58	\$14.47	\$11.58	\$14.22	\$12.33	\$11.62
Risk & Profit Charge	-\$0.50	\$0.00	-\$0.71	-\$1.42	-\$0.40	-\$0.65	-\$1.08	-\$2.53
Total Rate Increase	\$75.49	\$0.00	\$238.69	\$261.93	\$201.26	\$248.86	\$221.61	\$226.00
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$364.06	\$194.96	\$311.53	\$387.17	\$248.79	\$318.92	\$318.86	\$425.03
Projected Member Months	10,640	0	2,374	2,173	440	1,550	518	3,585

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	19503KY0020000	19503KY0200001	19503KY0200002	19503KY0200003	19503KY0200004	19503KY0200005	19503KY0200006
Plan Adjusted Index Rate	\$105.31	\$0.00	\$271.19	\$340.71	\$216.72	\$283.03	\$281.77	\$388.19

Member Months	40,734	27,707	2,551	2,176	585	1,680	833	5,202
Total Premium (TP)	\$4,289,541	\$0	\$691,806	\$741,385	\$126,781	\$475,490	\$234,714	\$2,019,364
EHB Percent of TP, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$16,885,391	\$5,501,806	\$1,059,281	\$2,663,409	\$75,515	\$678,859	\$1,076,197	\$5,830,322
EHB Percent of TAC, [see instructions]	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation:	\$995,437	\$2,572,137	\$393,866	-\$533,184	\$52,794	\$270,187	-\$447,635	-\$1,312,729
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$15,889,954	\$2,929,669	\$665,415	\$3,196,592	\$22,721	\$408,673	\$1,523,832	\$7,143,051
Net Amt of Rein	\$2,624,772.33	\$0.00	\$289,736.30	\$649,473.13	-\$3,071.25	\$77,087.45	\$432,204.80	\$1,179,341.90
Net Amt of Risk Adj	\$1,182,648.08	\$0.00	-\$366,982.61	\$256,296.52	\$325.98	-\$112,694.08	\$189,266.60	\$1,216,435.67
Incurred Claims PMPM	\$390.09	\$105.74	\$260.84	\$1,469.02	\$38.84	\$243.26	\$1,829.33	\$1,373.14
Allowed Claims PMPM	\$414.53	\$198.57	\$415.24	\$1,223.99	\$129.09	\$404.08	\$1,291.95	\$1,120.78
EHB portion of Allowed Claims, PMPM	\$414.53	\$198.57	\$415.24	\$1,223.99	\$129.09	\$404.08	\$1,291.95	\$1,120.78

ction IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	19503KY0020000	19503KY0200001	19503KY0200002	19503KY0200003	19503KY0200004	19503KY0200005	19503KY0200006
Plan Adjusted Index Rate	\$602.32	\$0.00	\$550.22	\$649.08	\$450.06	\$567.78	\$540.47	\$651.03
Member Months	10,640	-	2,374	2,173	440	1,550	518	3,585
Total Premium (TP)	\$6,408,665	\$0	\$1,306,222	\$1,410,451	\$198,026	\$880,059	\$279,963	\$2,333,943
EHB Percent of TP, [see instructions]	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$8,673,248	\$0	\$1,935,178	\$1,771,332	\$358,668	\$1,263,490	\$422,250	\$2,922,330
EHB Percent of TAC, [see instructions]	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$3,877,355	\$0	\$353,216	\$845,766	\$134,758	\$348,043	\$310,673	\$1,884,900
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$4,795,893	\$0	\$1,581,962	\$925,566	\$223,910	\$915,447	\$111,577	\$1,037,431
Net Amt of Rein	\$215,358	\$0	\$43,895	\$47,397	\$6,655	\$29,574	\$9,408	\$78,430
Net Amt of Risk Adj	\$913,023	\$0	-\$406,695	\$304,787	\$292	-\$123,816	\$140,156	\$998,299

State: **KY**
Market: **Individual**



